



CITY OF MANITOWOC

WISCONSIN, USA
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June 14, 2016

Colleen Wisnicky
Aurora Medical Center
5000 Memorial Dr
Two Rivers, WI 54241

RE: Evening of Remembrance – June 29, 2016

Dear Ms. Wisnicky:

Your request for a waiver of part or all fees for the park benches at the Evening of Remembrance on June 29, 2016, was acted upon by the Special Events Committee at the meeting of Monday, June 13, 2016. At said meeting, the Committee recommended waiver of the fee.

Please contact the Department of Public Works, 2655 So. 35th St., at 686-6550 prior to 2:30 P.M. between Monday and Friday to schedule the pickup and return of the benches.

Very truly yours,

Jennifer Hudon
City Clerk

JH:dan

cc: Karen Dorow, Operations Business Manager
Chad Scheinoha Operations Co-Team Leader
Randy Junk, Operations Co-Team Leader



SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 6/13/2016

EVENT NAME: WAIVER OF FEES - Evening of Remembrance

ORGANIZER: Aurora Medical Center - Colleen Wisnicky

EVENT DATE: 6/29/2016

NEW OR RECURRING: Recurring

LOCATION/DESCRIPTION: Use of 32 park benches for the evening; organizer will pick up & return benches

ESTIMATED CITY COSTS:

POLICE	
FIRE	
PARKS	224
RECREATION	
STREETS	
TOTAL	224

ESTIMATED EVENT HOLDER CHARGES:

LATE APPL. FEE (<60 days)	
STAKE PERMIT	
DELIVERY CHARGES	
<i>(if delivery requested)</i>	
TOTAL E.H. CHARGES	0
GRAND TOTAL	

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE

DENY

[Handwritten signatures in the APPROVE column]

COUNCIL ACTION REQUIRED:

ITEMS TO INCLUDE IN LETTER:

MANITOWOC PARKS DEPARTMENT
SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES
FOR USE OF CITY FACILITIES OR EQUIPMENT

Groups or organizations requesting special consideration for waiver of all or partial fees ordinarily charged to groups for the use of City-owned facilities or equipment must fill out this form completely, at least 30 days in advance of the event. The request will be reviewed by the Parks & Recreation Committee and the group or organization will be notified within 15 days of submitted request.

A CURRENT FINANCIAL REPORT FOR THE PREVIOUS TWO (2) YEARS INDICATING ALL EXPENSES AND ALL REVENUES OF THE GROUP/ORGANIZATION MUST ACCOMPANY THIS FORM PRIOR TO THE COMMITTEE REVIEWING THE REQUEST.

ALL QUESTIONS MUST BE ANSWERED

1. Name of club/organization making request AURORA MEDICAL CENTER
Address 5000 MEMORIAL DR Two Rivers Telephone 920 794 5158

2. Names of club officers:

Name	Address	Telephone
President <u>CATHIE KOUREK</u>		
Secretary _____		
Treasurer _____		

3. Facility requested: _____
Equipment requested: PARK BENCHES - 32

4. Specific dates and hours facility/equipment will be used: Date 6/29/16 Hrs. 6:00pm

5. Please explain your request, as to what fees you desire waived or reduced and reasons. Remembrance Ceremony in our healing garden.

6. Which do you consider your group to be?
A. Community service _____ B. Non-profit C. Private business _____
D. Club or organization _____ E. Other, please explain _____

7. Will money be collected, tickets sold, concessions sold or money raised in conjunction with the event?
Yes _____ No

8. If #7 is "yes," explain and list specific charges _____

9. What will revenues be used for? _____

10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes _____ No
If "yes," please provide the following information of individual to contact:
Name _____ Address _____ Telephone _____

Signed Colleen Wisniewski Date 6-10-16

Please attach any additional information which you feel will assist the committee in evaluating your request.

When completed, this form is to be returned to the Manitowoc Parks Department, 2655 S. 35th St., Manitowoc, WI 54220.

Committee Action: Approved _____ Denied _____ Date _____